

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022482

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 1750

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 317
FILED JUN 11 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kirkwood**

Length of stay in lb
2 1/2 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Joseph Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Kirkwood**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
348 Geyer Forest

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **JEFFREY**

Middle **DUBUQUE**

Last **BARRETT**

4. DATE OF DEATH
Month **May** Day **31** Year **1963**

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-21-1960 2 1/2yr

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Robert E. Barrett

13b. MOTHER'S MAIDEN NAME

Frances M. Dubuque

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT **348 Geyer Forest**

Robert E. Barrett-Kirkwood

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Arsenic Poisoning

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, item 18.)

Child drank insecticide solution containing Arsenic

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

about home

20f. CITY, TOWN, OR LOCATION

Kirkwood

COUNTY

STATE

MO.

21. I attended the deceased from **5.30.63** to **5.31.63** and last saw him alive on **5.31.63**
Death occurred at **St. Joseph Hosp.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Joseph N. Hyzant, M.D.

(Degree or title)

22b. ADDRESS

8460 Watson Rd, St. Louis

22c. DATE SIGNED

6.2.63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

6-3-1963

23c. NAME OF CEMETERY OR CREMATORY

Valvary Cem.

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

Pfittzinger Mort-Kirkwood 22, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-3-63

26. REGISTRAR'S SIGNATURE

[Signature]

Missouri

Missouri

Kirkwood

2 1/2 yrs

Kirkwood

348 Gevey Forest

St. Joseph Hospital

May 31, 1903

BARNETT

DUBUQUE

JEREMY

11-31-1900 2 1/2 yrs

Miss

Miss

USA

St. Louis, Mo.

none

Infant

none

Frances E. Dubuque

Robert E. Barnett

348 Gevey Forest

Robert E. Barnett-Kirkwood

None

None

None

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis Co., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Missouri

University

1903-04

Women

Missouri-Kirkwood